

Division of Building Services <u>Demolition Permit –Complete Structure to be Demolished</u> <u>Applicant Completes Items 1-9</u>

Address (where the structure to be demolished is loca	2.		
	ted) Legal Description	on of Property (L	ot, Block, Subdivision)
3.			
	ng Address, City, State, Zip		Phone
4			
General Contractor Maili	ng Address, City, State, Zip	Phone	Registration #
5. Demolition Checklist: Describe structure to be den	nolished:		
Pictures (Applicant shall provide 2 pictures sho	vina different views of struct		
Pictures (Applicant shall provide 2 pictures showing different views of structure)			
Connected to City Sewer or Septic System? YES or NO- If yes, please specify			
Are there currently or have there ever been any gas and/or electric services to the structure to be demolished? YES or NO			
Are there currently or have there ever been any gas	and/or electric services to th	e structure to	be demonstred? YES of NO
Demolition Debris Affidavit (Form to be compl	eted by applicant) Asbestos I	Fact Sheet	(Handout furnished by staff)
HCD? or BID? (staff will assist with this question) YES or	NO If yes, please specify		
Will there be any accessory structures remaining on this p	roperty after demolition? – YE	S or NO If yes,	please describe:
6. Applicant's Name 7. Pho Applicant Please Read I hereby certify that I have read and examined and examined as a second control of the property	ne Number 8	. Applicant R	epresents:
ordinances governing this type of work will be complied with whether s			
cancel the provisions of any other state or local law regulating construct			
9. Signature of Applicant:			Date:
7. Signature of Applicant.			Datt
Staff use only			
•••••	Staff use only	• • • • • • • • • • • • • • • • • • • •	
	Date:		
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